

STUDENT INTAKE FORM FOR FY2016

BASIC INFORMATION:

<p>®Previously Enrolled (YIN) _____</p> <p>®Site Name: _____</p> <p>_____</p> <p>®Intake Date: ___ / ___ / ___ MM DD YEAR</p>	<p>® First Name: _____</p> <p>®Middle Name: _____</p> <p>®Last Name: _____</p> <p>®Previous Name: _____</p> <p> ___ Not Provided</p> <p>®Date of Birth: ___ / ___ / ___ MM DD YEAR</p> <p>®City of Birth: _____</p>																				
<p>®SSN: _____ - _____ - _____</p> <p> ___ Not Provided</p>	<p>®Gender: ___ Male ___ Female</p>																				
<p>®Ethnicity: Hispanic/Latina: ___ Yes ___ No</p>	<p>®Immigrant: ___ Yes ___ No</p>																				
<p>®Race: (can select more than 1)</p> <p>___ American Indian or Alaska Native ___ Asian ___ Black or African American</p> <p>___ Native Hawaiian or Other Pacific Islander White</p>																					
<p>®Country of Birth: _____</p>	<p>®Mandated Enrollment: Yes No</p>																				
<p>®Referred By/ Heard About Program From:</p> <table border="0"> <tr> <td>___ Another ABE Program</td> <td>___ Another Student</td> </tr> <tr> <td>___ Community Organization</td> <td>___ Court/ Probation Officer</td> </tr> <tr> <td>___ Department of Transitional Assistance (DTA)/Welfare</td> <td>___ Employer</td> </tr> <tr> <td>___ Flier/Brochure</td> <td>___ Friend/Relative</td> </tr> <tr> <td>___ Head Start</td> <td>___ Library</td> </tr> <tr> <td>___ Literacy Hotline</td> <td>___ MA Rehabilitation</td> </tr> <tr> <td>___ Military Recruiter</td> <td>___ Newspaper</td> </tr> <tr> <td>___ One Stop Career Center /Unemployment Office</td> <td>___ Program Website/Facebook</td> </tr> <tr> <td>___ Radio or Television</td> <td>___ Reintegration Counselor</td> </tr> <tr> <td>___ Not Applicable</td> <td></td> </tr> </table>		___ Another ABE Program	___ Another Student	___ Community Organization	___ Court/ Probation Officer	___ Department of Transitional Assistance (DTA)/Welfare	___ Employer	___ Flier/Brochure	___ Friend/Relative	___ Head Start	___ Library	___ Literacy Hotline	___ MA Rehabilitation	___ Military Recruiter	___ Newspaper	___ One Stop Career Center /Unemployment Office	___ Program Website/Facebook	___ Radio or Television	___ Reintegration Counselor	___ Not Applicable	
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<p>®First Language: _____</p> <p>®Primary Language Spoken at Home: _____</p>																					
<p>®Release of Information Form Signed (revised 5/11/2010) ___ Yes ___ No</p>																					

CONTACT INFORMATION:

	Home	Last Known Address
Last Name:	(Name is already entered in Basic Informatinn on page 1)	
First Name:		
M. Initial:		
@Address:		
@City:		
@State:		
@Zip Code:		Check iflast known address is the same as current home address
@Phone Number:		
@E-Mail: (orN/A)		

EDUCATION:

@Last Grade Completed in US:	@Last Grade Completed in Foreign Country:										
<p>@Schooling Completed:</p> <table> <tr> <td><input type="checkbox"/> No High School Diploma</td> <td><input type="checkbox"/> Some College but no Degree</td> </tr> <tr> <td><input type="checkbox"/> US High School Diploma</td> <td><input type="checkbox"/> Associate Degree (2 years beyond H.S.)</td> </tr> <tr> <td><input type="checkbox"/> High School Equivalency</td> <td><input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)</td> </tr> <tr> <td><input type="checkbox"/> ADP/EDP</td> <td><input type="checkbox"/> Masters Degree (1 or more years beyond BA)</td> </tr> <tr> <td><input type="checkbox"/> Equivalent of HS Diploma in Another Country</td> <td><input type="checkbox"/> Doctorate Degree</td> </tr> </table>		<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Some College but no Degree	<input type="checkbox"/> US High School Diploma	<input type="checkbox"/> Associate Degree (2 years beyond H.S.)	<input type="checkbox"/> High School Equivalency	<input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)	<input type="checkbox"/> ADP/EDP	<input type="checkbox"/> Masters Degree (1 or more years beyond BA)	<input type="checkbox"/> Equivalent of HS Diploma in Another Country	<input type="checkbox"/> Doctorate Degree
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Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Adult and Community Learning Services

Release of Information Form

I, (print name) _____, am enrolled in an adult basic education (ABE) program. The state of Massachusetts pays for this program. This ABE program works with other programs to help students improve their skills and get better jobs. The programs work together to make it easier for students to use their services. The state wants to know if the programs are helping students achieve their goals. Other programs and agencies that the state Department of Elementary and Secondary Education works with are listed below:

- Other adult basic education programs paid for by the Massachusetts Department of Elementary and Secondary Education.
- One Stop Career Centers and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Executive Office of Labor and Workforce Development, Department of Revenue, and Commonwealth Corporation.
- The National Student Clearinghouse.

By signing this form, I understand and agree to the following:

- My records may be matched against the wage records and college enrollment records that assist the state to improve and evaluate its programs and to report results to the federal and state governments.
- I give permission to share my personal information with the agencies listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential, and will be used for program administration, research, and evaluation purposes.

Signature of Student / Parent or Guardian*

Date

Signature of Staff / Witness to the Student's Signature

Date

**Students under the age of 18 must have this consent form signed by the student's parent or guardian.*
Revised 5/11/10